Sheet under 37 CFR 1.70:								
☐ Continuation	☐ Divisio	nal C	☐ Continu	ation-in-part (CIP)	of the prior applic	ation No: /		
Prior application information		miner:			Group/Art Unit:			
For CONTINUATION OR DIV	ISIONAL APPS	only: The entir	e disclosure	of the prior applicati	on, from which an oath or d	eclaration is supplied t	under Box	5b, is considered a part of
the disclosure of the accompany inadvertently omitted from the	ing continuation submitted applica	or aivisionai ap ition parts.	piication ar	id is nereby incorpora	ted by reference. The incor	poration <u>can only</u> be re	elied upon	when a portion has been
,			19. CC	ORRESPONDE	NCE ADDRESS			
■ Customer Number or Bar	Code Label	337	751			or ■ Corresponde	ence addre	ess below
NAME		Mic	hael F. Sc	alise				
		Wil	son Greath	oatch Technologies, I	nc.			
ADDRESS		10,0	000 Wehrle	e Drive				
СІТҮ	Clarence			STATE	New York	ZIP CODE		14031
COUNTRY	USA		1	TELEPHONE	(716) 759-5810	FAX		(716) 759-5074
Name (Print/Type)		Michael F/	Scalise	' 2	Registration No. (Attorn	ney/Agent)	34,920)
Signature			Who	alsto	bie	Date	Septen	nber 16, 2003
"Express Mail" Mailing Lat I hereby Certify		EU474894 3 6 or fee is being o		Date of with the United States	Deposit September 16, 2 Postal Service "Express	2003 Mail Post Office to A	\ddressee"	service under 37 CFR

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1.10 on the date indicated above and is addressed to the Commissioner for Patents, Alexandria, VA 22313-1450.

Rosemarie Contella

Name

PTO/SB/17 (11/01) Approved for use through 10/31/2002, OMB 0651-

FEE TRANSMITTAL for FY 2002

Patent Fees are subject to annual revision.

 $\,$ G $\,$ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 790.00

Application Number	
Filing Date	September 16, 2003
First Named Inventor	Ciurzynski et al.
Examiner Name	
Group/Art Unit	
Attorney Docket Number	37505.0243

TOTAL AMOUNT OF PAYMENT (\$) 79	(\$) 790.00 Attorney Docket Number								
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
O Check • Credit Card G Money Order G Other G None		3. ADDITIONAL FEES							
Deposit Account: Deposit Account Number: 502460			e Entity	<u>Smal</u>	l Entity				
Deposit Account Name: The Commissioner is hereby authorized to (check all that apply)			Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
G Charge fee(s) indicated below			130	205	65	Surcharge - late filing fee or oath	s		
Charge any fee deficiencies or credit any overpayment G Charge any additional fees during pendency of this app				222	25	Supplies Silve for a source shoot	s		
G Charge fees indicated below, except for the filing fee		139	50	227	25	Surcharge - late provisional filing fee or cover sheet			
to the above-identified deposit account			130	139	130	Non-English specification	\$		
FEE CALCULATION		147	2,520	147	2,520	For filing a request for ex parte reexamination	\$		
1. BASIC FILING FEE Large Entity Small Entity		112	920*	112	920*	Requesting Publication of SIR prior to Examiner Action	\$		
Fee Fee Fee Fee Code (\$) Code (\$) Fee Description	Fee Paid	113	1,840*	113	1,840*	Requesting Publication of SIR after Examiner Action	\$		
101 750 201 375 Utility filing fee	\$750	115	110	215	55	Extension for reply within first month	\$		
106 330 206 165 Design filing fee	\$	116	410	216	205	Extension for reply within second month	\$		
	s	117	930	217	465	Extension for reply within third month	s		
107 520 207 260 Plant filing fee						Extension for reply within fourth month	s		
108 750 208 375 Reissue filing fee	\$	118	1,450	218	725				
114 160 214 80 Provisional filing fee	\$	128	1,970	228_	985	Extension for reply within fifth month	\$		
SUBTOTAL (1) 2. EXTRA CLAIM FEES FOR UTILITY/ REISSUE	\$750 Fee	119	320	219	160	Notice of Appeal	\$		
Extra Fee from	Paid	120	320	220	160	Filing a brief in support of an appeal	\$		
Claims below Total Claims /15 / - 20** = / 0 / x / / =	\$	121	280	221	140	Request for oral hearing	\$		
Independent Claims /2/- 3** = /0 / x / /=	\$	138	1,510	138	1,510	Petition to institute a public use proceeding	\$		
Multiple dependent / / x / / =	\$	140	110	240	55	Petition to revive - unavoidable	\$		
Large Entity Small Entity	·	141	1,300	241	650	Petition to revive - unintentional	\$		
Fee Fee Fee Fee			1,300	242	650	10 advance copies Utility issue fee (or reissue)	\$ \$		
Code (\$) Code (\$) Fee Description		142	470	243	235	Design issue fee	s		
	103 18 203 9 Claims in excess of 20		630	244	315	Plant issue fee	s		
102 84 202 42 Independent claims in excess of 3			-			Petitions to the Commissioner	s		
104 280 204 140 Multiple dependent claim if not paid 109 84 209 42 **Reissue independent claims over			130	122	130				
original patent 110	and	123	50	123	50	Processing fee under 37 CFR 1.17(q)	\$		
over original patent	1	126	180	126	180	Submission of Information Disclosure Statement Recording each patent assignment per property (times	\$		
SUBTOTAL (2)	s /	581	40	581	40	number of properties)	\$40		
SIGNATURE: W/Whalsta	whole	146	750	246	375	Filing a submission after final rejection(37 CFR 1.129(a))	s		
Michael F. Scalise Reg. No. 34,920		149	750	249	375	For each add'l invention to be examined(37 CFR1.129(b)	\$		
DATE: September 16, 2003 Telephone: (716) 759-5810			750	279	375	Request For Continued Examination (RCE)	\$		
		169	900	169	900	Request for Expedited Examination of a design appln.	\$		
Other fee (specify)						s			
*Reduced by basic filing fee paid				I	SUBTOTAL (3)	\$40			

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G. Carrier

Rosemarie Contella
Name

Gaunarie Cottella

September 16, 2003
Date of Signature